

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025351

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 153

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO.

SHOULD READ

BY AFFIDAVIT OF

DATE AMENDED

VS 300

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0817

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11

1286-0

131-0

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 153

FILED JUL 3 1963

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>		c. CITY OR TOWN <b>Winona</b>	
Length of stay in 1b <b>2 weeks</b>		Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McFarland Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>None</b>	
Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <b>Yes</b> <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>LOTTIE OLIVE HIGGINBOTHAM</b>			4. DATE OF DEATH <b>June 27, 1963</b>		
5. SEX <b>Female</b>			6. COLOR OR RACE <b>White</b>		
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH <b>6/2/85</b>		
9. AGE (last birthday) <b>78</b>			10. IF UNDER 1 YEAR <b>Months</b> <b>Days</b> <b>Hours</b> <b>Min.</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		
11. BIRTHPLACE (City and state or country) <b>Iowa</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		
14. NAME OF HUSBAND OR WIFE <b>--</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>No</b>		
16. SOCIAL SECURITY NO. <b>Unknown</b>			17. INFORMANT <b>Nursing Home Records</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Degenerative Heart Disease</b> <b>Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>DUE TO (b)</b> <b>DUE TO (c)</b>			INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>7:40 P</b> a.m. <b>7:40 P</b> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Rolla</b>		COUNTY <b>Shannon</b>		STATE <b>Missouri</b>	
21. I attended the deceased from <b>6-10-63</b> to <b>6/27/63</b> and last saw her alive on <b>6/26/63</b> Death occurred at <b>7:40 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>W R R Luth</b> (Degree or title)		22b. ADDRESS <b>Rolla</b>		22c. DATE SIGNED <b>6/28/63</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>6/30/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Winona, Missouri</b>		23e. DATE RECD. BY LOCAL REG. <b>June 28, 1963</b>		23f. REGISTRAR'S SIGNATURE <b>Madame L. Steel</b>	
24. FUNERAL DIRECTOR <b>Clark Funeral Home</b>		ADDRESS <b>Winona</b>		25. DATE RECD. BY LOCAL REG. <b>June 28, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Madame L. Steel</b>		27. DATE SIGNED <b>6/28/63</b>		28. ADDRESS <b>Rolla</b>	

(Licensed Embalmers Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Paul E. Null*

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.